



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

June 28, 2012

Ms. Jane White, Administrator
Cota's Hospitality Home
1079 South Barre Road
Barre, VT 05641

Provider #: 0365

Dear Ms. White:

Enclosed is a copy of your acceptable plans of correction for the revisit survey conducted on **June 6, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 06/06/2012
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R100}	Initial Comments: An unannounced on-site survey was conducted by the Division of Licensing and Protection on 6/6/12 to follow up to the 4/11/12 revisit survey. The following deficiency remains uncorrected from previous surveys.	{R100}	See attached Plan of Correction.	
{R190} SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure the completion of all required background checks for 8 of 8 employees. Findings include: Per record review on 6/6/12 at 9:10 AM, 8 of 8 employee personnel records were missing one or more required background checks. 5 records were missing the child abuse component, 1 was missing the Adult Protective Services component and 1 was missing the Vermont Criminal background check (VCIC). These findings were confirmed by the nurse on duty on 6/6/12 at 9:45 AM.	{R190}		

Division of Licensing and Protection

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

XS0Y13

If continuation sheet 1 of 1

pmc

Cota's Hospitality Home
1079 S. Barre Road
Barre, Vt, 05641
1-802-479-3118

Plan of correction
Health Survey Review June 2012

5.12b (2)

R190

Registry Checks: Adult, Child and Criminal

1. List of checks not found have been resubmitted and returned.

Checks are all complete and on file as of 6/12/12.

New Manager has learned how to process these and will have name added to system so can receive replies on a separate e-mail account that will be set up. This will be done by June 30th. Manager will process all required checks as needed. RN will double check completeness of these checks.

R190 PC accepted 6/22/12 Pmcturn